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Bib Data Sheet

CONFIRMATION NO. 6323

SERIAL NUMBER 10/614,677	FILING DATE 07/07/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 279.609US1
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APPLICANTS

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 ** CONTINUING DATA *****

 ** FOREIGN APPLICATIONS *****

 IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/02/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>Alexa</i> Initials:	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
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TITLE

Detection of patient mortality by an implantable medical device

FILING FEE RECEIVED 936	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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